

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000064880

FILED
Apr 26, 2007
Secretary of State

Entity Name: THE ULTIMATE IN-HOME CARE SERVICES "INC."

Current Principal Place of Business:

14806 PEACH TREE COVE LN
SUITE 104
WINTER GARDEN, FL 34787

New Principal Place of Business:

654 MADRID DRIVE
KISSIMMEE, FL 34758

Current Mailing Address:

14806 PEACH TREE COVE LN
SUITE 104
WINTER GARDEN, FL 34787

New Mailing Address:

654 MADRID DRIVE
KISSIMMEE, FL 34758

FEI Number: 11-3749120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROSSFIELD, MONICA
1241 VISCAYA LAKE RD
APT 110
OCOE, FL 34761 US

Name and Address of New Registered Agent:

CRAIG, KATHERINE
654 MADRID DR
KISSIMMEE, FL 34758 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KATHERINE CRAIG

04/26/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CRAIG, KATHERINE
Address: 14806 PEACH TREE COVE LN, APT 104
City-St-Zip: WINTER GARDEN, FL 34787

Title: D (X) Delete
Name: CROSSFIELD, MONICA
Address: 1241 VISCAYA LAKE RD, APT 110
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: CRAIG, KATHERINE
Address: 654 MADRID DRIVE
City-St-Zip: KISSIMMEE, FL 34758

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHERINE CRAIG

O

04/26/2007

Electronic Signature of Signing Officer or Director

Date